

**CLAIMS ONLY**

Application Number

*10/691820*

Filing Date

Application(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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50						
Total Indep	2					
Total Depend	14					
Total Claims	16					

61	Indep	Depend	Indep	Depend	Indep	Depend
52						
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Total Indep						
Total Depend						
Total Claims						